



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/773,761
Filing Date	2/6/04
First Named Inventor	Mark G. Erlander
Title	Predicting Breast Cancer Treatment Outcome
Art Unit	1634
Examiner Name	
Attorney Docket Number	022041.001420US

I hereby appoint:

☒ Practitioners associated with the Customer Number

41578

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mark G. Erlander				
Signature					
Date	9-1-04			Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.



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SIGNATURE of Applicant or Assignee of Record

Name	Xiao-Jun Ma		
Signature			
Date	9-1-04	Telephone	650 962 3020

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PTO/SB/81 (09-03)

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**Name Dennis C. SgroiSignature [Signature]Date 6/15/04

Telephone

617-726-5697

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